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CONFIRMATION NO. 7979

SERIAL NUMBER 09/928,227	FILING DATE 08/09/2001 RULE	CLASS 424	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. 220002060725
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/612,116 07/07/2000 ABN
 which is a CIP of 09/495,614 02/01/2000 ABN
 which claims benefit of 60/183,043 02/02/1999 ABN
 and claims benefit of 60/198,250 05/05/1999 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 09/20/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 46	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

ADDRESS

23308
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TITLE

Method of reducing bacterial proliferation

☐ All Fees

<p>FILING FEE</p> <p>RECEIVED 753</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Credit</td> </tr> </table>	<input type="checkbox"/>	1.16 Fees (Filing)	<input type="checkbox"/>	1.17 Fees (Processing Ext. of time)	<input type="checkbox"/>	1.18 Fees (Issue)	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Credit
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